

CHAPTER 43
PRACTICE OF CHIROPRACTIC PHYSICIANS

[Prior to 7/24/02, see 645—40.1(151) and 645—40.17(151) to 645—40.24(147,272C)]

645—43.1(151) Definitions. The following definitions shall be applicable to the rules of the Iowa board of chiropractic examiners.

“Adjustment/manipulation of neuromusculoskeletal structures” means the use by a doctor of chiropractic of a skillful treatment based upon differential diagnosis of neuromusculoskeletal structures and procedures related thereto by the use of passive movements with the chiropractic physician’s hands or instruments in a manipulation of a joint by thrust so the patient’s volitional resistance cannot prevent the motion. The manipulation is directed toward the goal of restoring joints to their proper physiological relationship of motion and related function. Movement of the joint is by force beyond its active limit of motion, but within physiologic integrity. Adjustment or manipulation commences where mobilization ends and specifically begins when the elastic barrier of resistance is encountered by the doctor of chiropractic and ends at the limit of anatomical integrity. Adjustment or manipulation as described in this definition is directed to the goal of the restoration of joints to their proper physiological relationship of motion and related function, release of adhesions or stimulation of joint receptors. Adjustment or manipulation as described in this definition is by hand or instrument. The primary emphasis of this adjustment or manipulation is upon specific joint element adjustment or manipulation and treatment of the articulation and adjacent tissues of the neuromusculoskeletal structures of the body and nervous system, using one or more of the following:

1. Impulse adjusting or the use of sudden, high velocity, short amplitude thrust of a nature that patient volitional resistance is overcome, commencing where the motion encounters the elastic barrier of resistance and ending at the limit of anatomical integrity.
2. Instrument adjusting, utilizing instruments specifically designed to deliver sudden, high velocity, short amplitude thrust.
3. Light force adjusting, utilizing sustained joint traction or applied directional pressure, or both, which may be combined with passive motion to restore joint mobility.
4. Long distance lever adjusting, utilizing forces delivered at some distance from the dysfunctional site and aimed at transmission through connected structures to accomplish joint mobility.

“Anatomic barrier” means the limit of motion imposed by anatomic structure, the limit of passive motion.

“Chiropractic insurance consultant” means an Iowa-licensed chiropractic physician registered with the board who serves as a liaison and advisor to an insurance company.

“Chiropractic manipulation” means care of an articular dysfunction or neuromusculoskeletal disorder by manual or mechanical adjustment of any skeletal articulation and contiguous articulations.

“Differential diagnosis” means to examine the body systems and structures of a human subject to determine the source, nature, kind or extent of a disease, vertebral subluxation, neuromusculoskeletal disorder or other physical condition, and to make a determination of the source, nature, kind, or extent of a disease or other physical condition.

“Elastic barrier” means the range between the physiologic and anatomic barrier of motion in which passive ligamentous stretching occurs before tissue disruption.

“Extremity manipulation” means a corrective thrust or maneuver by a doctor of chiropractic by hand or instrument based upon differential diagnosis of neuromusculoskeletal structures applied to a joint of the appendicular skeleton.

“Malpractice” means any error or omission, unreasonable lack of skill, or failure to maintain a reasonable standard of care by a chiropractic physician in the practice of the profession.

“Mobilization” means movement applied singularly or repetitively within or at the physiological range of joint motion, without imparting a thrust or impulse, with the goal of restoring joint mobility.

“Peer review” means evaluation of professional services rendered by a professional practitioner.

“Peer review committee” means one or more persons acting in a peer review capacity who have been appointed by the board for such purpose.

“Physiologic barrier” means the limit of active motion, which can be altered to increase range of active motion by warm-up activity.

645—43.2(147,272C) Principles of chiropractic ethics. The following principles of chiropractic ethics are hereby adopted by the board relative to the practice of chiropractic in this state.

43.2(1) These principles are intended to aid chiropractic physicians individually and collectively in maintaining a high level of ethical conduct. These are standards by which a chiropractic physician may determine the propriety of the chiropractic physician’s conduct in the chiropractic physician’s relationship with patients, with colleagues, with members of allied professions, and with the public.

43.2(2) The principal objective of the chiropractic profession is to render service to humanity with full respect for the dignity of the person. Chiropractic physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

43.2(3) Chiropractic physicians should strive continually to improve chiropractic knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

43.2(4) A chiropractic physician should practice a method of healing founded on a scientific basis, and should not voluntarily associate professionally with anyone who violates this principle.

43.2(5) The chiropractic profession should safeguard the public and itself against chiropractic physicians deficient in moral character or professional competence. Chiropractic physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

43.2(6) A chiropractic physician may choose whom to serve. In an emergency, however, services should be rendered to the best of the chiropractic physician’s ability. Having undertaken the case of a patient, the chiropractic physician may not neglect the patient; and, unless the patient has been discharged, the chiropractic physician may discontinue services only after giving adequate notice.

43.2(7) A chiropractic physician should not dispose of services under terms or conditions which tend to interfere with or impair the free and complete exercise of professional judgment and skill or tend to cause a deterioration of the quality of chiropractic care.

43.2(8) A chiropractic physician should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of chiropractic service may be enhanced thereby.

43.2(9) A chiropractic physician may not reveal the confidences entrusted in the course of chiropractic attendance, or the deficiencies observed in the character of patients, unless required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

43.2(10) The honored ideals of the chiropractic profession imply that the responsibilities of the chiropractic physician extend not only to the individual, but also to society where these responsibilities deserve interest and participation in activities which have the purpose of improving both the health and well-being of the individual and the community.

645—43.3(514F) Utilization and cost control review.

43.3(1) The board shall establish utilization and cost control review (U.C.C.R.) committee(s). The name(s) of the committee(s) shall be on file with the board and available to the public. The designation of the committee(s) shall be reviewed annually.

43.3(2) Members of the U.C.C.R. committee shall:

- a.* Hold a current license.
- b.* Have practiced chiropractic in the state of Iowa for a minimum of five years prior to appointment.
- c.* Be actively involved in a chiropractic practice during the term of appointment as a U.C.C.R. committee member.
- d.* Have no pending board disciplinary actions or discipline taken during the three years prior to appointment and no discipline pending or taken during the period of appointment.
- e.* Have no malpractice awards granted against the appointed committee member during the three years prior to appointment or during the period of appointment.
- f.* Not assist in the review or adjudication of claims in which the committee member may reasonably be presumed to have a conflict of interest.
- g.* Have completed a utilization review course that has been previously approved by the board.

43.3(3) Procedures for utilization and cost control review. A request for review may be made to the board by any person governed by the various chapters of Title XIII, subtitle 1, of the Iowa Code, self-insurers for health care benefits to employees, other third-party payers, chiropractic patients or licensees.

a. There shall be a reasonable fee, as established by the board, for services rendered, which will be made payable directly to the U.C.C.R. committee. The committee shall make a yearly accounting to the board.

b. A request for service shall be submitted to the executive director of the U.C.C.R. committee on an approved submission form and shall be accompanied by four copies of all information. All references to identification and location of patient and doctor shall be deleted and prepared for blind review by the executive director of the U.C.C.R. committee. The information shall be forwarded to the U.C.C.R. committee.

c. The U.C.C.R. committee shall respond in writing to the parties involved with its findings and recommendations within 90 days. The committee shall review the appropriateness of levels of treatment and give an opinion as to the reasonableness of charges for diagnostic or treatment services rendered as requested. The U.C.C.R. committee shall submit a quarterly report of its activities to the board. The U.C.C.R. committee shall meet at least annually with the board chairperson or the board chairperson's designee.

43.3(4) Types of cases reviewed shall include:

- a.* Utilization.
 - (1) Frequency of treatment;
 - (2) Amount of treatment;
 - (3) Necessity of service;
 - (4) Appropriateness of treatment.
- b.* Usual and customary service.

43.3(5) Criteria for review may include but are not limited to:

- a.* Was diagnosis compatible and consistent with information?
- b.* Were X-ray and other examination procedures adequate, or were they insufficient or nonrelated to history or diagnosis?
- c.* Were clinical records adequate, complete, and of sufficient frequency?

- d. Was treatment consistent with diagnosis?
- e. Was treatment program consistent with scientific knowledge and academic and clinical training in accredited chiropractic colleges?
- f. Were charges reasonable and customary for the service?

43.3(6) Members of the U.C.C.R. committee shall observe the requirements of confidentiality imposed by Iowa Code chapter 272C.

43.3(7) Action of the U.C.C.R. committee does not constitute an action of the board.

645—43.4(151) Chiropractic insurance consultant.

43.4(1) A chiropractic physician will advise insurance companies of Iowa standards of recognized and accepted chiropractic services and procedures permitted by the Iowa Code and administrative rules; and will advise on the propriety of chiropractic diagnosis and care.

43.4(2) Licensed chiropractic physicians shall not hold themselves out as chiropractic insurance consultants unless they meet the following requirements:

- a. Hold a current license.
- b. Have practiced chiropractic in the state of Iowa for a minimum of five years.
- c. Are actively involved in a chiropractic practice during the term of appointment as a chiropractic insurance consultant.

645—43.5(151) Acupuncture.

43.5(1) Acupuncture is the procedure of puncturing the skin with needles for treatment.

43.5(2) Venipuncture for withdrawal of blood is not an acupuncture procedure.

645—43.6(151) Nonprofit nutritional product sales.

43.6(1) Profit shall mean all moneys remaining after the cost of operating a chiropractic practice.

43.6(2) The sale price of the nutritional product may not include a profit exceeding the cost of the practice overhead and the product.

645—43.7(151) Adjunctive procedures.

43.7(1) Adjunctive procedures are defined as procedures related to differential diagnosis.

43.7(2) For any applicant for licensure to practice chiropractic in the state of Iowa who chooses to be tested in limited adjunctive procedures, those limited procedures must be adequate for the applicant to come to a differential diagnosis in order to pass the examination.

43.7(3) Applicants for licenses to practice chiropractic who refuse to utilize any of the adjunctive procedures which they have been taught in approved colleges of chiropractic must adequately show the board that they can come to an adequate differential diagnosis without the use of adjunctive procedures.

645—43.8(151) Physical examination. The chiropractic physician is to perform physical examinations to determine human ailments, or the absence thereof, utilizing principles taught by chiropractic colleges. Physical examination procedures shall not include prescription drugs or operative surgery.

645—43.9(151) Gonad shielding. Gonad shielding of not less than 0.25 millimeter lead equivalent shall be used for chiropractic patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedures.

These rules are intended to implement Iowa Code chapter 151.

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